

**Los Angeles County Health Agency
Department of Public Health
Substance Abuse Prevention and Control**



Transitional Payment Request Form

**SUBSTANCE ABUSE PREVENTION AND CONTROL
TRANSITIONAL PAYMENT REQUEST**

Agency Name:
Contract Number:
Contract Amount:
Fiscal Year:
Requested Amount:

Transitional payments may be approved if it enables agencies to remain operational during the cross-over period from one fiscal year to another, or under limited circumstances when a temporary situation arises that would otherwise impact patient access to care and can be ameliorated within a short period of time. To assist in the review process, please provide information on your agency's situation.

Please explain in detail the reasons why your agency is experiencing a cash flow problem and requesting a transitional payment. You may select one or more of the following options:

- New Fiscal Year and Sage not configured for claims submission
- Error in Sage configuration that prevents claims submission
- Claims submitted but experiencing significant denials
- Replacing denials for resubmission
- Recent fiscal staff vacancy preventing claims submission
- Services delivered and claims do not cover costs
- Cashflow issues associated with revenue sources other than SAPC
- Other

Add description of the challenge(s) identified above:

What other services do you provide?

- Specialty substance use disorder treatment services (SAPC)
- Specialty substance use disorder prevention services (SAPC)
- Mental health services – Indicate funding source(s):
- Physical health services – Indicate funding source(s):
- Services through commercial insurance – Indicate funding source(s):
- Other – Please explain:

Are you experiencing challenges with payment from non-SAPC funding sources? Yes No
If yes, please explain:

Is your agency maintaining a 60-day cash reserve? Yes No
If no, please explain.

Is your agency in default for any payments due (i.e., payroll, payroll taxes, property taxes)? Yes No
If yes, please explain:

Please explain in detail the reasons why your agency is experiencing a cash flow problem and requesting a transitional payment.

What steps will your agency take to remedy cash flow problems?

How long will it take to implement this cash flow plan?

Is your agency in need of free technical assistance from the California Institute for Behavioral Health Solutions (CIBHS) on fiscal planning and the relationship between the volume of services provided and the costs? Yes No

Please populate the financial information below:

	FY 18-19	FY 19-20
Assets		
Liabilities		
Total Billed		
Total Reimbursed		
Total Denied		
Transitional Payments Received		
Transitional Payments Returned		

Please attach the following with this request (*Not applicable if there is a billing block out*):

- Current year Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement).
- Reconciled Bank Statements for the last six months.
- Last two years audited/unaudited financial statements.
- Recent Independent Auditor's Report

Transitional Payment Invoice

LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH SUBSTANCE ABUSE PREVENTION AND CONTROL REQUEST FOR REIMBURSEMENT <small>Revised 12/20/2019</small>			
PROVIDER AGENCY NAME: _____		CONTRACT #: _____	
ADDRESS: _____		CLAIM PERIOD: _____	
CITY: _____	ZIP: _____	CONTACT PHONE: _____	
CONTACT PERSON NAME: _____			
CONTACT PERSON EMAIL: _____			
#	Type of Services	Number of Claims	Total Amount
1	Residential		
2	Outpatient		
3	<i>(Please add rows for additional Type of Services, if needed)</i>		
TOTAL			
Payment from month #1 of stable billing:			
Payment from month #2 of stable billing:			
Payment from month #3 of stable billing:			
Average of Total Payment Amounts from SAPC Over Three (3) Prior Months of Stable Billing:			
<i>*Average should match type of services listed above.</i>			
Payment on this claim may be delayed or withheld if this request for reimbursement contains errors or omissions.		COUNTY USE ONLY	
		Amount Requested _____	
		Adjustment _____	
		Total Amt. Payable _____	
		By _____ Date: _____	
AUTHORIZED SIGNATURE _____			
SAPC:CRU FORM#5 (11/18)			

Explanation Of Benefit (EOB)/Remittance Advice Reports

- EOBs provides the following information:
 - Approved claims
 - Denied claims with denial reasons
 - Adjusted Claims
- These files will remain in your SFTP for 7 days.
- Please ensure to download EOBs timely. EOBs will assist in troubleshooting denials.

EOB Sample



SUBSTANCE ABUSE PREVENTION AND CONTROL

Remittance Advice

as of 1/9/2020



Remittance Advice *EOB Number: 20927* Check #: Check Date:

Amount Approved: \$35843.22

Page: 1

Client Name (ID):		DOB:	Gender:								
Date Claim Received: 01/09/2020											
Batch.SvcRef#	Auth #	Contract #	Contract Type	Date of Service	CPT Code	Status	Claimed Amount	Allowed Amount	Denied/ Adjusted	Member Co-pay	Amount Paid
53146.00854			DMC	09/14/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00855			DMC	09/15/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00856			DMC	09/16/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00857			DMC	09/17/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00858			DMC	09/18/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00859			DMC	09/19/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00860			DMC	09/20/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00861			DMC	09/21/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00862			DMC	09/22/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00863			DMC	09/23/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00864			DMC	09/24/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											
53146.00865			DMC	09/25/2018	S9976:U1	D	\$51.66	\$0.00	\$51.66	\$0.00	\$0.00
<i>The service was denied for the following reason: Service Exceeded Allowed Number Of Days Prior to Date Of Claim.</i>											

EOB Sample



SUBSTANCE ABUSE PREVENTION AND CONTROL



Remittance Advice

as of 1/13/2020

Remittance Advice *EOB Number: 21073* **Check #:** **Check Date:**

Amount Approved: \$456.60

Page: 1

Adjustment Notice

An adjustment of \$ -19236.05 has been applied to this payment.

Current Claims: 456.60

Adjustment: -19236.05

Adjusted EOB Total: -18779.45

Detail Adjustment Information for EOB Number: 21073

Original Service Information

Orig EOB

Adjustment Information

BatchID	SvcRef	DOS	Proc	PatID	Status	Billed	Paid	Adj Date	Adj Amt	Adjustment Reason
34565	SVC.00004	9/16/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00005	9/17/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00006	9/18/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00007	9/19/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00008	9/20/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00009	9/21/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.0001	9/22/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00011	9/23/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00012	9/24/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00013	9/25/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00014	9/26/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void
34565	SVC.00015	9/27/2019	H0019:U1	80773	A	150.37	150.37	1/10/2020	\$-150.37	Contractor Void